

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 98972 Office of Registrar of Vital Statistics. Ward 9^c
The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.
NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Thursday March 31st 87

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Charles Green

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 2 Years, 11 Months, Days.

Color, Coed

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, Life Time

Place of Death, { Give Street and Number. } 52 Davis St

Cause of Death, { First (Primary), Second (Immediate), } Whooping Cough
Pneumonia

Duration of Last Sickness, Seven days

All the above information should be furnished by the Physician.

Place of Burial, Lenox Cemetery

Date of Burial, April 2nd 1887

{ Undertaker, Wm. J. Gray } M. D.

{ Place of Business, 216 North } Address, Carlton Heulberg St

Medical Attendant,

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 98973 Office of Registrar of Vital Statistics. Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Before Burial April 1st 1887

Full Name of Deceased, Write legibly and spell correctly. If an infant not named, give names of parents. Rosaline Maria Gallan

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 42 Years, _____ Months, _____ Days

Color, white

Married, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, _____

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Ireland

Duration of Residence in the City of Baltimore, Twenty years

Place of Death, { Give Street and Number. } No 11 West Eager

Cause of Death, { First (Primary), Second (Immediate), } The act deced

Duration of Last Sickness, a few minutes

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, Sunday April 3/87

Undertaker, Jos T. Byrne C B Gamble M. D. Medical Attendant.

Place of Business, 59th Liberty St Address, 925 Cathedral

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 98974

Office of Registrar of Vital Statistics.

Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 1st 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Eliza McGonagle

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 72 Years, 9 Months, 17 Days

Color, white

~~Married~~, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, _____

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Cambridge Ohio

Duration of Residence in the City of Baltimore, one year

Place of Death, { Give Street and Number. } 1150 Bowen St.

Cause of Death, { First (Primary), Second (Immediate), } Pneumonia,

Duration of Last Sickness, 2 wks

All the above information should be furnished by the Physician

Place of Burial, Cambridge Ohio

Date of Burial, April 2^o 1887

{ Undertaker, John S. Abacher Medical Attendant. B. H. Weber M. D.

{ Place of Business, No 15 Camden Address, 814 N. Lombard St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

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The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 98975 Office of Registrar of Vital Statistics Ward 8th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 1st 87

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Louisa Stark

~~Sex, Male or Female,~~ { Cross out the word not required in this line. } (Staub)

Age, 53 Years, 3 Months, 17 Days

Color, White

Married, ~~Single, Widow or Widower,~~ { Cross out the words not required in this line. }

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 34 yrs

Place of Death, { Give Street and Number. } 947 Forbes St

Cause of Death, { First (Primary), Second (Immediate), } Pneumonia

Duration of Last Sickness, About 3 wks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, April 4th

{ Undertaker, Geo Schilling } Wm. D. M. D.

Medical Attendant.

{ Place of Business, Alland Square } Address, 607 N Charles St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause of death.

[OVER.]

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/25/2022.

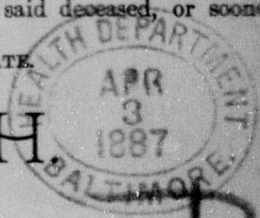
The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 98977 Office of Registrar of Vital Statistics. Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH

Date of Death, April 2d 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Peter Gibbons

Sex, Male ~~or Female~~, { Cross out the word not required in this line. } Male

Age, 39 Years, — Months, — Days

Color, White

Married, Single, ~~Widow or Widower~~, { Cross out the words not required in this line. }

Occupation, Farmer

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Balto Co Md

Duration of Residence in the City of Baltimore, 5 years

Place of Death, { Give Street and Number. } 707 Park Ave

Cause of Death, { First (Primary), Second (Immediate), } Phthisis pulmonalis

Duration of Last Sickness, Two years

All the above information should be furnished by the Physician.

Place of Burial, Long Green Balto Co Md

Date of Burial, April 4th

Undertaker, H. C. Wiedefeld C. Blanchard M. D. Medical Attendant.

Place of Business, 916 Greenmt Ave Address, 925 Cathedral

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

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[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 98976 Office of Registrar of Vital Statistics. Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 2nd 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Henry Bergen

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 8 Years, 14 Months, 14 Days.

Color, W

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation, Balto City

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Balto City

Duration of Residence in the City of Baltimore, 1612 N - Baltimore St

Place of Death, { Give Street and Number. } 1612 N - Baltimore St

Cause of Death, { First (Primary), Constitutional }
{ Second (Immediate), 5 days }

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cem

Date of Burial, April 4

{ Undertaker, W. H. Blazzer } W. H. Blazzer M. D.

Medical Attendant.

{ Place of Business, 1139 Pen ave } Address, 1139 Pen ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 98978

Office of Registrar of Vital Statistics.

Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, Apr 3rd 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Eugene Lyles

Sex, Male or Female; { Cross out the word not required in this line. }

Age, 4 Years, 4 Months, 0 Days

Color, Black

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, V

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give Street and Number. } 920 Warner St

Cause of Death, { First (Primary), Second (Immediate), } Marasmus
Spasms

Duration of Last Sickness, 3 mos.

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, April 3 1887

Undertaker, H. B. S. R.

Place of Business, 404 E. Carroll St

F. J. Flannery M. D.
Coroner
Address, 1701 Dr. Hill an.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No.

98979

Office of Registrar of Vital Statistics.

Ward

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The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH



Date of Death, April 2 - 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary Talbott

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 2 Years, Months, Days

Color, Colored

Married, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Balto. City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give Street and Number. } No. 406 Davis

Cause of Death, { First (Primary), Pneumonia Second (Immediate), }

Duration of Last Sickness, 4 - 5 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel

Date of Burial, Apr 4th 1887

{ Undertaker, Alex. Hensley, M. D. Medical Attendant. }

{ Place of Business, 561 Charles Address, Coroner. }

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

7th

Permit No.

98980

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

April 1st 1887

Full Name of Deceased,

{ Write legibly and spell correctly. If an infant not named, give names of parents. }

Sarah E. Eisenhower

Sex, Male or Female,

{ Cross out the word not required in this line. }

Female

Age,

36

Years,

Months,

Days.

Color,

White

Sex,

Female

Married, Single, Widow or Widower,

{ Cross out the words not required in this line. }

Married

Occupation,

Housekeeper

Birthplace,

{ State or country (and how long in the United States, if of foreign birth. }

Baltimore City

Duration of Residence in the City of Baltimore,

Life Time

Place of Death,

{ Give street and number. }

1450 W. Ford Ave.

Cause of Death,

{ First (Primary), }

{ Second (Immediate), }

Pulmonary

Consumption

Duration of Last Sickness,

About one month

All the above information should be furnished by the Physician.

Place of Burial,

Green Mount Cem.

Date of Burial,

April 4th 1887

A. G. Watson

M. D.

Medical Attendant.

{ Undertaker,

A. Pink & Son

{ Place of Business,

915 N. Gay St

Address

1301 N. Central Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/25/2022.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9898 Office of Registrar of Vital Statistics. Ward 19th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.
NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 1st 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Julius Robinson
Julius Robinson

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 18 Years, _____ Months, _____ Days

Color, Black

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation, Labourer

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Pa.

Duration of Residence in the City of Baltimore, 3 yrs.

Place of Death, { Give Street and Number. } 217 Bruce

Cause of Death, { First (Primary), Rheumatism
Second (Immediate), Syncope }

Duration of Last Sickness, the 4th day. I only saw him in a few days of his illness.

Place of Burial, Sharp St. Cem

Date of Burial, April 3rd 1887

{ Undertaker, William Dungee } J. H. Hitting M. D.
Medical Attendant.

{ Place of Business, 150 East St } Address, Foyette + Beards

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER]